

PATENT
Attorney Docket No.: SAM-0436

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Min-su Kim
Serial No.: 10/627,855
Filing Date: July 25, 2003
Title: SENSE AMPLIFIER HAVING SYNCHRONOUS RESET OR
ASYNCHRONOUS RESET CAPABILITY

Examiner: Cox, C.F.
Group Art Unit: 2816

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Post Office as First Class Mail on the date indicated below in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/26/04

Date

Chelsey Davis

Chelsey Davis

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity.
☒ other than small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136

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Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two months	\$430.00	\$215.00
<input type="checkbox"/> three months	\$980.00	\$490.00
<input type="checkbox"/> four months	\$1,530.00	\$765.00

Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	50	minus	52	0	x \$18	\$0
INDEPENDENT CLAIMS	12	minus	8	4	x \$88	\$352
MULTIPLE DEPENDENT CLAIM ADDED	No				\$300	
					TOTAL	\$352
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.					SMALL ENTITY TOTAL	

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(c) ☐ No additional fee for claims is required.

OR

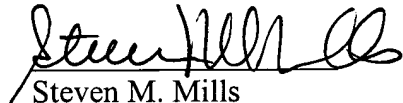
(d) ☒ Total additional-fee for claims required \$ 352.00

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 352.00
☐ Charge Deposit Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

Respectfully submitted,

Date: 10/26/07
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